



WARWICKSHIRE COUNTY COUNCIL.

Education Committee.

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# ANNUAL REPORT

OF THE

Principal School Medical Officer,

FOR THE YEAR

1955.

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# Annual Report of the Principal School Medical Officer, 1955.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

1. I have the pleasure to present my Annual Report on the Health of the School Child in Warwickshire for the year ended 31st December, 1955. Since my last Report the major change has been the increase in the number of cases of Poliomyelitis. It is hoped that the recently announced scheme by the Ministry of Health for the vaccination of children against this disease will reduce its incidence.

**2. School Population.** (Tables 1 and 2).

Once again there has been a further increase in the number of children on the roll, the rise during the year being approximately 3,600. The areas principally involved are the North-Eastern, Solihull and the Central Areas.

Most of this increase is accounted for by movement of population due to the extensive building programme of houses, both private and by Local Authorities. The occupants of the new houses are tending to show a higher proportion of children per house, and this is largely due to the selection which takes place by Housing Managers, in particular when allotting houses according to need. Such a rapid increase of school population cannot be anticipated several years ahead, and in consequence problems regarding schooling and clinic provision are created. However, the needs in most areas have been met, although it is hoped that further clinic facilities will be available very shortly, particularly in the Castle Bromwich, Solihull and Lillington areas.

**3. School Medical Examinations.** (Table 3).

Slightly fewer children were examined at the periodic medical school examinations during the year—24,559 as against 25,164. The reason for this was that a change was made in the age at which periodic school medical examinations are carried out. The children at 10+ are no longer examined in the junior schools but are examined when they reached 11+ in the secondary modern and grammar schools. This change was made after consulting both the Head Teachers and Area Medical Officers. In consequence, there has been a delay in the examination of some of these children until they have reached the age of 11.

Table 3 shows number and type of defects found by the School Medical Officers, and if this table is compared with that of 1952 it will be seen that there is a marked decrease in the number of children found to be suffering from throat defects, requiring treatment, the proportion being 34.8% lower. Further, the total of defects found was slightly lower than the previous year and the main difference was due to far fewer children requiring treatment and observation for nose and throat conditions.

**4. Eye Defects.** (Table 4).

Last year I pointed out that most clinics were now equipped with modern apparatus so that the eye specialists could undertake these examinations under appropriate conditions.

During 1955 an attempt has been made to improve the examinations undertaken by School Medical Officers. They are being slowly equipped with a simple, portable apparatus which gives standard lighting and can be adjusted to the height of the child. This should enable almost all the children at the Entrants' Periodic Medical Examination to have a satisfactory eye examination and for the majority of minor conditions to be spotted.

Reference to Table 4 shows that 1,102 children (new cases) out of a total school population of 76,681 were prescribed spectacles, whereas in 1951 1,081 children (new cases) were prescribed glasses from a population of 63,625. If the figures of population are adjusted to one another, it will be seen that the 1955 figures are proportionately less by 15.4%.

**5. Orthoptic.** (Tables 4 and 5).

The records show an increase in the number of children who attended for treatment during the year under review. Table 5 shows the work undertaken in County Council Clinics in the Central and Southern Areas. In other parts of the County treatment is provided by the Regional Hospital Board and it is not possible to give particulars of their treatment.



6. Ear, Nose and Throat Examination. (Table 6).

During the past 5 years the following number of cases were operated on for adenoids and chronic tonsillitis :—

					<i>Numbers adjusted to present school pop.</i>
1951	...	...	3,221	...	3,881
1952	...	...	2,207	...	2,541
1953	...	...	2,129	...	2,327
1954	...	...	2,017	...	2,118
1955	...	...	1,800	...	1,800

From a study of these figures, it will be seen that if 1951 is related to the present year and populations adjusted accordingly, there has been a decrease of 53.6% in the number of children operated on for tonsils and adenoids and if the year 1952 is compared with 1955 there is a 29.1% reduction. A similar reduction was also noted in paragraph 3 under School Medical Examinations, where Table 3 indicates that the doctors found 34.8% fewer cases requiring treatment for this condition. This decrease is partly due to medical opinion being less in favour of removing tonsils and adenoids and also a real improvement in the health of the school child.

The latter argument is important, as most children between the ages of 5 and 8 pass through a stage where they are adjusting themselves to the variety of infections they met in their early school days. If the child, using its own tissues, can create a resistance to these infections without the tissues being severely damaged, then I think it must be conclusively argued that the general health of the school population is gradually improving.

There are certain areas in the County, notably Sutton Coldfield where there is little evidence that the health of the child population is at any lower level than elsewhere in the County but the number of children referred for tonsillectomy remains at a very high level. One of the most marked decreases is in the North Eastern Area, where the total operated on in 1951 for a school population of 16,780 was 991 and where to-day, with a school population of 20,120 only 282 were operated on. The Central Area also shows a marked decrease, but in the other areas the trend is not so obvious.

A special investigation into this problem is taking place, and children are being watched through a number of years to see if in fact the amount of benefit that has been credited to this surgical procedure is justified.

7. Speech Therapy. (Table 7).

During the year there have been three whole-time speech therapists plus a part-time officer working two, and latterly three, sessions a week, and the amount of work covered by these officers shows a marked increase over last year. A total of 1,203 sessions was conducted as against 739 last year, and the total attendances were 7,812 as against 5,235.

The work of these officers is exceedingly important from the child's point of view, as speech defects tend to cause difficulties in school which lead to the child falling behind and subsequently may lead to maladjustment.

On January 1st there were 301 attending the clinics, and during the year there were a further 275 first attendances. The number of children discharged as cured or sufficiently improved not to require any further treatment was 174—121 boys and 53 girls. The statistical analysis is shown in diagram form on page 15.

An estimate has been made and on the average approximately sixteen half hourly treatment sessions are required to cure a dyslalic and the period taken may be from four to twelve months. For a stammerer, some twenty-nine treatments over a period of one to three years are needed, but with cases of secondary stammering the treatment may be much longer.

The intelligence scatter among children treated is interesting, and shows that the distribution of speech defects among the school population has a spread similar to intelligence.

8. Child Guidance. (Table 9).

If Table 9 is compared with the previous year, it will be seen that the total number of children referred is 209, as compared with 172 for the previous year.

At first sight this would appear to indicate that the problem of maladjusted children is on the increase, but if reference is made to Table 15 it will be seen that the number of maladjusted children who were ascertained for Special Schools was 12 for 1955 as against 14 for 1954. It would seem, therefore, that teachers and parents are using the service at a time when it is possible for the specialist to treat and influence maladjustment without requiring to send children to special schools.

**9. Convalescence at Westhill.** (Table 8).

This recuperative convalescent home was opened in July, 1950. During approximately 5½ years, over 100 cases each year have been admitted, and the Home has proved of immense value both to children requiring short-stay convalescence and to long-stay cases.

In the future children will be sent to other convalescent homes by the sea or to a Home in Leicestershire, but it is regretted that a Local Home which has proved to be such a valuable asset to the children of the County should have to close, and sincerest thanks are due to the Organisers of the British Red Cross Society for granting us this valuable facility in the difficult years that followed World War II.

**10. Minor Ailment Clinics.** (Tables 23 and 24).

Just over 4,000 children were seen as first cases at minor ailment clinics during the year 1955. Of this 4,000, approximately 3,500 were seen in the North Eastern Area alone. This equals well over three quarters of the total for the whole of the County. Whilst it is well known that the area of Nuneaton provides a large number of cases which are suitable for treatment at school clinics, nevertheless it does appear that the standard of child care in that area is lower, as most of these children are referred to the clinics by teachers or health visitors. In consequence it would seem that the parents do not appreciate the importance of dealing with very minor conditions and seeing their own doctor at an early stage.

**11. The following Report was supplied by the Principal School Dental Officer.** (Tables 10, 11 and 12).

During the year there was again a slight improvement in the number of staff and the pattern of staff has changed to a greater proportion of whole-time officers. Following an agreement on fees to be paid to officers working on a sessional basis in local Authorities in the West Midlands the total number of part-time officers has decreased but there has been only a slight decrease in the number of sessions worked by them. This movement towards whole-time or at least half-time officers is welcomed in that it provides a greater degree of continuity of treatment in the clinics and also eases the administrative arrangements.

One whole-time officer from the Central Area resigned during the year and three whole-time officers were appointed, one to the Southern Area, one to the Central Area and one to the Eastern Area. One whole-time officer from the North-Eastern Area transferred to the Central Area. The staffing position in the North Eastern Area has been poor during the whole year but an appointment of a whole-time officer to commence duty in this Area in the New Year has been made.

The figures in Tables 11 and 12 showing the totals of work carried out during the year again show an increase, 4,490 sessions being devoted to treatment as against 4,204 last year and 196 to periodic inspections against 105 last year. 13,840 children received a periodic inspection at school compared with 9,305 in the previous year. At the same time the number of children seeking relief from pain and sepsis fell from 6,291 to 5,895. In so far as the ultimate aim of the School Dental Service is to provide periodic inspection and treatment to deal with dental defects in their earliest and least damaging stage this is a gratifying movement but in relation to the continued increase in the total school population the proportion of all school children on the roll inspected and treated has increased only slightly.

Some slight expansion of the Orthodontic Treatment service has been made. In the clinics the Dental Officers are themselves undertaking the treatment of the simpler types of case and also more difficult cases where it has been possible to obtain the advice of orthodontic specialists either in private practice or in the Regional Hospital Service. A small number of more difficult cases have been accepted for treatment by these specialists but at present many



potential cases remain un-ascertained at the time when treatment should be given owing to the infrequency of the periodic inspections of the whole school population. This is bound up with the problem of recruiting additional dental officers and when the number of officers has been sufficiently increased the appointment of an orthodontic specialist which the Council has approved in principle must be implemented. Considerable assistance has been given by private practitioners who have by arrangement undertaken 289 cases in their own surgeries during the year compared with 251 in the previous year.

129 appliances were supplied in our own clinics compared with 132 last year and in addition a number of cases, which is not separately recorded, have been treated by planned extractions where appliances have not been necessary. In future years it will be possible to set these figures out in more detail. Approval has been given for the purchase of our first X-Ray machine which will assist the diagnosis of cases.

On the figures of treatment given to all patients the ratio of permanent teeth filled (12,797) to permanent teeth extracted (3,317) is 3.85 : 1 which in the present state of staff shortage is quite a good figure but needs to be improved considerably. For the children seen at periodic inspections and subsequent treatment the figures are 7,935 permanent teeth filled compared with 1,318 permanent teeth extracted. Here the ratio is 6.02 : 1 but most of these 1,318 teeth extracted could have been saved had it been possible to offer treatment before decay had proceeded.

In spite of intensive advertising and the provision of modern equipment with good working conditions the rate of building up of staff is disappointingly slow. The basic cause of these troubles appears to be the overall shortage of dental surgeons and the very low rate of entry of students into the profession. The position is likely to be aggravated considerably in 1958 when large numbers of the older practitioners in the National Health Service having completed ten years service are able to retire on pension. The McNAIR Committee is preparing a report on the recruitment situation at the request of the Government and action is already being taken by the Ministry of Health on a pilot scheme for the introduction of fluorides to drinking water supplies in this country as has already been done in the United States with very helpful reductions in the incidence of dental caries.

Since 1945, Newburgh, U.S., has had a concentration of fluoride in the water of from 1.0 to 1.2 p.p.m. and the medical and dental papers reporting on the condition of children during the past 10 years show that children aged between 6 and 9 years who have consumed this fluorinated water since birth have a reduced incidence of caries to some 57% over the control district of Kingston with unfluorinated water. The benefit is also shared by older children aged 13 and 14. Although these children had their teeth already calcified when the experiment started, caries in their permanent teeth is stated to be 48% less than children of a similar age in a control area.

The dental reports further added that the fluorination had caused no disfiguring enamel effects and that gingivitis was significantly reduced.

During these 10 years certain children in the Newburgh area and in the Kingston area have had constant thorough medical examinations and investigations, and these medical reports state that no difference of medical significance could be found between the two groups of children. The improvement in the dentition which these studies show, together with the fact that thorough medical examinations have been unable to demonstrate any side effects, should allay fears and doubts of any who have opposed the introduction of fluorine in suitable quantities into water, and it should encourage those who are responsible for the promoting of this procedure in this country.

During the year it has been possible to keep four of the five mobile dental clinics fully occupied (one with part-time officers), and this has enabled visits to schools to be organised more effectively. This policy becomes increasingly important as the number of large new schools which are being opened on the outskirts of urban areas and in some rural areas are remote from fixed clinics. No new fixed clinic has been opened during this year.

Once more my thanks are due to the dental, medical and teaching staffs for their help and co-operation without which it would be impossible to provide any kind of organised treatment.

If parents and masters and mistresses would use their influence with senior pupils to consider dentistry as their career much of the present difficulties and shortcomings could be overcome by an increased recruitment to the dental profession.

## 12. Tuberculosis.

(a) **Pulmonary.** (Table 13).

It will be seen from the table that there are 40 new cases—24 boys and 16 girls. Of these, 6 were new notifications, who moved into the County, leaving a residue of 34, which is one less than the new notifications last year. One of the 34 was previously notified as a glandular tuberculosis in 1947. One is a primary and one an advanced infectious case. The remainder are in a non-infectious adult stage of the disease. No cases of tuberculous children were notified posthumously, and the position generally can be regarded as much the same as it was last year.

(b) **Non-Pulmonary.** (Table 14).

It will be seen that the number of non-pulmonary notifications has been reduced from 28 to 11. The better milk standards throughout the County and the introduction of specified areas, are helping to bring about this improvement. Of the 11 cases, 2 were meningeal and died, 3 are skin cases, 2 are bone cases and the remainder have Tuberculous glands in the neck. It is satisfactory to see such a reduction amongst these cases.

## 13. Poliomyelitis.

1955 was a bad year for poliomyelitis. There were 25 paralytic cases which included one child of 7 who died, and a further 16 confirmed non-paralytic cases. The table below shows the numbers of paralytic and non-paralytic cases occurring in school children during the last 5 years :—

			<i>Paralytic.</i>		<i>Non-paralytic.</i>
1950	...	...	36	...	49
1951	...	...	8	...	20
1952	...	...	9	...	2
1953	...	...	21	...	28
1954	...	...	5	...	1
1955	...	...	25	...	16

As this report is being written, the Ministry's scheme for the vaccination of children against poliomyelitis is being launched, and it is to be hoped that, provided the vaccine is successful and enough children are inoculated in the next few years, the numbers of cases of poliomyelitis will steadily decline until the disease is, like diphtheria, completely eradicated.

## 14. Louse Infestation. (Tables 19 and 20).

The standard of head cleanliness maintained in the schools in 1955 shows a little improvement on the previous year. The children in the schools are inspected at least once a term and the findings of the school nurses confirm that the infestation is more prevalent among girls than boys.

At my request Dr. BRISCOE-SMITH studied the school nurses' reports in the North-Eastern Area and came to the conclusion that although the incidence of infestation among girls was high throughout the area, it was unduly high among those attending Bedworth schools.

A further study was made of the returns for 1954 and the first two terms of 1955 to obtain the names of girls who had been found to be infested during three consecutive terms during this period of five terms. Twenty seven such girls were found coming from 26 families. Four other families in which there was persistent infestation, and in which there was difficulty in clearing up infestation, were reported by school nurses and the total of 30 families contributed 40 children to the school population, one or more being in attendance at almost every school.

A detailed study of the conditions in each family was then made with the following results :—

- (1) A comparatively small number of families where infestation had been of long standing provided a nucleus in the majority of schools in Bedworth from which infection might be picked up by other children.



- (2) In most of these families the children probably become reinfested by adults in the same household.
- (3) In very few families would the adults consent to be examined.
- (4) Advice had been accepted by most parents but was either not followed or the treatment given was ineffective.
- (5) Only one third of the families had frankly dirty homes.
- (6) There was no evidence that persistent infestation could be related either to poor circumstances or to the absence of the mother at work.
- (7) In roughly half the families the parents were of apparently normal intelligence.

School Nurses were urged to concentrate on the persistently infested families, and the 1955 figures do show some improvement in the Bedworth Area.

From reference to the tables it will be seen that whilst there has been an increase in the number of Schools where pupils were found to be free from infection there has been an increase in the number of Schools where between 2 and 5% of the pupils were infested.

There are 27 boys' Schools in this section as against 17 last year, and 69 girls' Schools as against 53. In the case of boys' Schools this increase appears amongst those with an average of under 50 on roll. In the girls' Schools the increase is shown in those Schools with under 50 as well as those with 50 to 100 on roll with a slight decrease in the case of larger Schools.

This would appear to indicate that younger children were found infested whilst an improvement was shown in the Senior age groups.

The total overall picture has however, not unduly changed but this important trend is receiving close attention as the care of younger children must be undertaken by parents, whereas with the Senior age groups the pupils themselves can be instructed. Preventive measures to avoid this condition are so simple that it is difficult to understand how in modern times, they are not undertaken even by some of the worst parents.

#### 15. Deaths of School Children.

The Registrar General's details of all deaths which occurred during 1955 are not yet available. Deaths in the age group 5 to 14 years in 1954 were from the following causes. (Deaths in 1953 are given in brackets) :—

Tuberculosis respiratory ...	...	...	...	...	1	(0)	
Whooping cough ...	...	...	...	...	2	(0)	
Other infective and parasitic diseases ...	...	...	...	...	2	(0)	
Other malignant and lymphatic neoplasms ...	...	...	...	...	1	(4)	
Leukaemia ...	...	...	...	...	1	(5)	
Other heart disease ...	...	...	...	...	1	(0)	
Other circulatory disease...	...	...	...	...	1	(0)	
Pneumonia ...	...	...	...	...	4	(6)	
Bronchitis ...	...	...	...	...	2	(1)	
Other diseases of respiratory system	...	...	...	...	1	(1)	
Nephritis and Nephrosis ...	...	...	...	...	2	(3)	
Motor vehicle accidents ...	...	...	...	...	7	(7)	
Other accidents ...	...	...	...	...	4	(4)	
Suicide ...	...	...	...	...	1	(0)	
Poliomyelitis ...	...	...	...	...	0	(1)	
Sub arachnoid haemorrhage	...	...	...	...	0	(1)	
Rheumatic endocarditis ...	...	...	...	...	2		} Register General's category of other defined and ill-defined diseases (11)
Tonsillectomy ...	...	...	...	...	1		
Appendectomy ...	...	...	...	...	1		
Lupus erythematosus ...	...	...	...	...	1		
Infective hepatitis ...	...	...	...	...	1		
Congenital malformation	...	...	...	...	1		
Total ...					37	(44)	



In this group of children, which totalled 37 in the year 1954, there are still a large number killed in motor vehicle and other accidents, the total being 11.

This serious loss of life at a young age is from a group of children who would be healthy and normal, whereas many of the other conditions in this list indicate that children would be invalids for the rest of their lives even if they survived.

**16. Handicapped Pupils.** (Tables 15, 16, 17 and 18).

With the exception of the educationally subnormal, the problem of educating handicapped pupils in the County has been largely solved. There remain a few cases of multiple handicaps which are difficult to place, and most of these are receiving tuition at home.

Generally speaking, the waiting time for admission to schools is reasonable and all classes of handicap, excluding the subnormals, are being adequately catered for.

The education of subnormal children is a problem that has to be solved mainly within the County. There are at present two boarding schools and one day school. A new day school, which will cater for 160 between the ages of 8 and 16, is shortly to be opened in Nuneaton. In certain other schools there are special classes which make provision for this type of pupil, but until two more day schools are opened the standard of provision for the educationally subnormal will not be equal to that which has been achieved for the other handicaps.

Already considerable evidence is being accumulated on the effect of properly educating handicapped children. Head teachers of schools are keeping close liaison with the Youth Employment Officers and also with the employers where such children start work. With the exception of some blind children, all other handicapped children who during their schooling are deemed capable are being employed in unprotected employment, and a detailed survey of the children who have left Exhall Grange during the past four years shows that over 95% are capable of unprotected employment and are keeping their situations and not changing them as frequently as the average child who has full health and mental capacity. It is, of course, easier to obtain such results in a society which has full employment, but generally speaking the employers and personnel managers have been delighted with the training and aptitude of mind of these children and the progress they have made, and have come forward with enquiries for more of this class of child.

It is not generally realised that a child who is handicapped and has a mental capacity equal to that of a grammar school child also has initiative equal to his mental capacity. The subnormal child, on the other hand, is not only lacking in mental capacity but also in initiative. In consequence the teachers at some of the schools have a very difficult task. They not only have to train the child to make the best of a physical handicap, they have to educate a child who may also be mentally subnormal and have a corresponding deficiency in initiative. It is a great stimulus to a handicapped child who, when going to a school, learns that most of the seniors are going direct from school to employment which will make them independent. This gives a pupil tremendous incentive and changes the whole psychological outlook. Large numbers of these children have been so guarded at home that all initiative has been suppressed.

Whilst many may criticise the use of this yardstick of employment as a measure of success of educational policy, nevertheless it is felt that it gives a very fair indication of what is being achieved by careful selection and specific methods suitable to the handicaps of these children.

**17. Ineducable Children.** (Table 16).

During the year, 31 children between the ages of 2 and 15 were ascertained and found to be ineducable and were subsequently referred to the Mental Health Officer. This is much less than the number last year, which was 60 and than the previous year which was 49.

S. W. SAVAGE, M.A., M.D. (Cantab.), D.P.H.,  
Principal School Medical Officer.

Shire Hall,  
Warwick.

## STAFF OF THE SCHOOL HEALTH SERVICE

(on 31/12/55, except where otherwise stated).

Principal School Medical Officer ... Dr. S. W. SAVAGE.			
Deputy Principal School Medical Officer ... Dr. G. H. TAYLOR.			
	<i>Area.</i>	<i>Medical Officer.</i>	<i>School Medical Officers.</i>
1	Sutton Coldfield	Dr. J. R. PRESTON.	Dr. MARGARET O'DEA.
2	North Eastern.	Dr. J. H. BRISCOE-SMITH.	Dr. G. HIRD. Dr. GWENDOLEN K. G. COOTE. Dr. C. B. HIGGIE. Dr. MARGARET STEANE.
3	Eastern.	Dr. D. J. JONES.	Dr. AGNES H. M. YOUNG. One Vacancy.
4	North Western.	Dr. R. S. McELROY. (from 1-5-56)	Dr. ELIZABETH A. BAGNALL. Dr. C. T. JONES.
5	Solihull.	Dr. I. M. McLACHLAN.	Dr. J. HENDERSON. Dr. ELIZABETH THOMPSON.
6	Central.	Dr. F. D. M. LIVINGSTONE	Dr. MYRTLE V. RICHARDS Dr. KATHERINE SCOTT. Dr. D. SUTCLIFFE WILLIAMS.
7	Southern.	Dr. J. B. BRAMWELL.	Dr. ELIZABETH THOMAS. Dr. W. M. WALKER.

### Principal School Dental Officer.

Mr. H. J. BASTOW.

### School Dental Officers.

North Eastern (Area 2)	...	...	Mr. J. P. BOLTE (commenced 15/2/56).
Eastern (Area 3)	...	...	Mr. P. VIGANTS.
North Western (Area 4)	...	...	Mr. W. DOUGLAS.
Solihull (Area 5)	...	...	Mr. J. S. PRICE (appointed 4/4/55).
Central (Area 6)	...	...	Miss S. CRUTE.
			Mr. P. H. E. BAILEY (appointed 3/4/56).
Southern (Area 7)	...	...	Mr. P. G. SMITH (appointed 28/3/55).

### Nursing Staff.

#### *Superintendent Nursing Officer.*

Miss B. SHENTON.

There are 7 Area Nursing Officers. School nursing is carried out by 1 whole-time and 1 part-time school nurse, 76 health visitors, 1 district nurse/health visitor and 22 district nurse/midwife/health visitors who combine school nursing with other duties.

# Speech Therapists.

Miss E. M. WHITE.  
Miss P. A. HAWKINS.  
Miss P. A. JONES.  
Mrs. J. N. P. KING-REYNOLDS, Part-time (3 sessions weekly). (Resigned 28-3-56).

# Physiotherapists.

Miss K. YATES (commenced 10/10/55).  
Miss B. A. BAILEY.  
Mrs. B. KINNIARD (commenced 27/4/55).  
Mrs. C. M. WILLIAMS, Part-time (2 sessions weekly).

# Statistical Officer.

Miss A. J. FISHER (Resigned 31-1-56).

TABLE 1. AVERAGE NUMBER OF SCHOOL CHILDREN ON ROLL.  
SCHOOL YEARS 1946-47 to 1954-55.

School Year.	Nursery.	Primary and Secondary.	Special.	Total.
1946-47 ...	263	53,420	17	53,700
1947-48 ...	340	56,410	20	56,770
1948-49 ...	363	59,071	38	59,472
1949-50 ...	369	60,902	94	61,365
1950-51 ...	360	63,051	214	63,625
1951-52 ...	360	65,751	479	66,590
1952-53 ...	364	69,233	544	70,141
1953-54 ...	355	72,089	574	73,018
1954-55 ...	363	75,709	609	76,681

TABLE 2. NUMBER OF SCHOOLS AND AVERAGE NUMBER OF SCHOOL CHILDREN ON ROLL. SCHOOL YEAR 1954-55.

AREA.	Nursery Schools.		Primary.		Secondary Modern.		Secondary Grammar.		Total Schools	Total Children
	Schools	Children	Schools	Children	Schools	Children	Schools	Children		
1. Sutton Coldfield.	—	—	15	4487	4	1318	2	1135	21	6940
2. North Eastern.	5	219	55	14254	10	4553	3	1094	73	20120
3. Eastern.	—	—	42	7023	9	2009	2	969	53	10001
4. North Western.	—	—	39	6465	5	1272	1	85	45	7822
5. Solihull.	—	—	29	7026	4	2579	1	579	34	10184
6. Central.	3	144	71	10157	5	2137	2	681	81	13119
7. Southern.	—	—	64	6166	3	1147	2	573	69	7886
TOTALS ...	8	363	315	55578	40	15015	13	5116	376	76072



TABLE 3.                    TYPE OF DEFECT FOUND AT SCHOOL  
MEDICAL EXAMINATIONS. (excluding Special Schools).

<i>Defect</i>	<i>Periodic Medical Examinations. Number 24,559.</i>		<i>Special Medical Examinations. Number 4,703.</i>	
	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>	<i>Defects requiring treatment.</i>	<i>Defects requiring observation.</i>
Eyes     ...     ...     ...     ...	983	2,306	274	483
Ears     ...     ...     ...     ...	65	347	16	88
Nose and Throat     ...     ...	315	1,800	94	390
Orthopaedic     ...     ...     ...	256	1,384	93	392
Speech     ...     ...     ...     ...	37	215	18	48
Skin     ...     ...     ...     ...	70	306	23	75
Lungs     ...     ...     ...     ...	53	605	26	161
Heart and Circulation     ...     ...	6	201	3	69
Psychological     ...     ...     ...	22	310	45	120
Other     ...     ...     ...     ...	46	485	31	159
TOTALS     ...     ...	1,853	7,959	623	1,985

In 1952, 467 Nose and Throat defects requiring treatment were found out of 23,727 periodic medical examinations. This figure adjusted to 24,559 periodic medical examinations = 483 defects.

OPHTHALMIC SERVICES.  
OPHTHALMIC PART-TIME STAFF.

AREA.	OPHTHALMIC STAFF.	NO. OF SESSIONS DURING 1955.	NO. OF SESSIONS DURING 1954.
1. Sutton Coldfield     ...	Mr. A. N. CAMERON.	56	58
2. North-Eastern     ...     ...	Dr. C. E. CLARKE.	135	116
3. Eastern     ...     ...	Mr. T. J. P. KERWICK.	94	104
	Dr. H. RILEY.	22	24
4. North-Western     ...	Dr. R. FRANCIS JONES.	201	204
5. Solihull     ...     ...	Dr. H. RILEY.	69	93
6. Central     ...     ...	Mr. E. L. HOWELL-JONES.	21	16
	Mr. M. W. SMITH.	107	111
7. Southern     ...     ...	Mr. E. L. HOWELL-JONES.	18	14
	Mr. M. W. SMITH.	46	43
TOTAL     ...		769	783

TABLE 4.

ATTENDANCE AT EYE CLINICS.

AREA.	CLINIC.	WHEN HELD.		No. of children who attended in 1955.		No. of children prescribed spectacles in 1955.		No. of children referred for orthoptic treatment.*	Total cases on register at 31st Dec., 1955.
				New cases.	Re-examinations.	New cases.	Re-examinations.		
SUTTON COLDFIELD	9, Holland St., Sutton Coldfield. ...	Thursday, a.m. ...	... ..	272	147	164	89	—	690
		Friday, p.m. (when necessary) ...	... ..						
NORTH EASTERN	Health Clinic, Atherstone... Health Clinic, Bedworth ... Riversley Park Clinic, Nuneaton Nurses Home, Polesworth ...	Friday, a.m. (monthly) ...	... ..	38	126	27	75	5	189
		Monday, a.m. ...	... ..	113	344	63	172	14	600
		Tuesday, a.m. ...	... ..	281	715	156	386	48	941
		Friday, a.m. (alt. wks.) ...	... ..	24	93	11	58	5	88
		Friday, a.m. (monthly) ...	... ..						
		TOTAL ...	...	456	1,278	257	691	72	1,818
EASTERN	First Aid Post, Rugby ...	Wednesday, a.m. and p.m. (1st and 3rd in month) ...	... ..	120	854	64	295	29	1,070
		Friday, a.m. ...	... ..						
NORTH WESTERN	Miners Welfare Hall, Arley ... Area Health Office, Coleshill ... Village Hall, Meriden ... Parish Hall, Wilnecote ...	Wednesday, p.m. (alt. wks.) ...	... ..	23	60	17	47	—	77
		Thursday ...	... ..	90	220	55	139	—	260
		Wednesday, a.m. (4th in month) ...	... ..	4	53	3	31	—	50
		Tuesday ...	... ..	71	248	50	155	—	273
		TOTAL ...	...	188	581	125	372	—	660
SOLIHULL	Drury Lane Clinic, Solihull ... Halifax Rd. Clinic, Shirley ...	Friday, a.m. (as required) ...	... ..	134	507	50	193	11	474
		Friday, a.m. (as required) ...	... ..	73	246	27	81	3	213
		TOTAL ...	...	207	753	77	274	14	687
CENTRAL	4, Holly Walk, Leamington Spa ... First Aid Post, Warwick ... Health Clinic, Kenilworth ...	Monday, a.m. ...	... ..	225	538	169	222	68	795
		Tuesday, p.m. (2nd and 4th in month) ...	... ..						
		Wednesday, a.m. (1st and 3rd in month) ...	... ..	102	299	75	128	23	338
		Wednesday, a.m. ...	... ..	43	70	25	30	18	129
		Monday, a.m. (4th in month) ...	... ..						
		TOTAL ...	...	370	907	269	380	109	1,262
SOUTHERN	Alcester (Mobile Clinic) ... Health Clinic, Stratford-on-Avon ... Hospital, Stratford-on-Avon ... C. Infants' School, Studley ...	Friday, a.m. (as required) ...	... ..	16	35	15	23	4	30
		Friday, a.m. ...	... ..						
		Saturday, a.m. (1st and 3rd in month) ...	... ..	144	350	113	167	55	332
		Friday, a.m. (as required) ...	... ..	24	36	18	17	4	28
		TOTAL ...	...	184	421	146	207	63	390
		GRAND TOTAL ...	...	1,797	4,941	1,102	2,308	295	6,577
		1954 Figures ...	...	1,844	4,664	1,180	2,130	267	7,277

\*The figures given are the numbers of children referred from these clinics and do not include the many children who go direct to the orthoptic clinics of the Regional Hospital Board. In 1951, 1,081 children (new cases) were prescribed glasses from a population of 63,625. 1955 figures are proportionately 15.4% less.

TABLE 5.  
ORTHOPTIC TREATMENT IN THE CENTRAL AND SOUTHERN AREAS.

			Results of Treatment on discharge.						Ceased to attend or attended once only.	Still attending at 31st December 1955.
Treatment commenced.	Total Treated.		Normal binocular vision.		Improved.		Cosmetic result only.			
	No.	No. of attend-ances.	No.	Average attend-ances.	No.	Average attend-ances.	No.	Average attend-ances.		
1955 ...	205	612	43	4	9	3	5	5	28	120

TABLE 6.      NUMBER OF CHILDREN WHO RECEIVED OPERATIVE  
TREATMENT FOR ADENOIDS AND CHRONIC TONSILLITIS.

Area.	Total, 1955	Total, 1954	Total, 1953	Total, 1952	Total, 1951
1. Sutton Coldfield ...	367	390	421	396	314
2. North Eastern ...	282	460	376	424	991
3. Eastern ...	248	326	297	357	559
4. North Western ...	125	117	170	158	162
5. Solihull ...	234	180	338	317	185
6. Central ...	381	346	412	419	721
7. Southern ...	163	198	115	136	289
TOTAL ...	1,800	2,017	2,129	2,207	3,221



**ORTHOPAEDIC SERVICE.  
CLINICS.**

<i>Area.</i>	<i>Address of Clinic.</i>	<i>When held.</i>	<i>Surgeon.</i>	<i>Physiotherapists.</i>
1 SUTTON COLDFIELD.	Sutton Coldfield Hospital.	Daily.	Mr. J. F. SHEPHERD.	R.H.B.
2 NORTH- EASTERN.	Riversley Park Clinic, Nuneaton. Manor Hospital, Nuneaton. Exhall Grange School Clinic.	Friday, p.m. (last in month). Tuesday and Thursday, p.m. Thursday, a.m. By arrangement.	Mr. J. H. PENROSE. Mr. SEARGEANT. Mr. J. H. PENROSE.	Sisters from Warwickshire Orthopaedic Hospital. R.H.B. Mrs. B. KINNAIRD.
3 EASTERN.	Hospital of St. Cross, Rugby.	Monday, a.m.	Mr. ROWAN MITCHELL.	R.H.B.
4 NORTH- WESTERN.	Warwickshire Orthopaedic Hospital, Coleshill. College Lane School Rooms, Tamworth.	Monday (once every 3 months). Tuesday, a.m. (last in month).	Mr. F. G. ALLAN. Mr. INNES.	Sisters from Warwickshire Orthopaedic Hospital. " "
5 SOLIHULL.	Solihull Hospital. Red Cross House, Blossomfield Road, Solihull. Tudor Grange School Clinic.	Wednesday, p.m. Thursday, p.m. (1st alt. months) and 3rd. Thursday, p.m. (1st alt. months)	Mr. J. MANTLE. Mr. J. MANTLE } Mr. J. MANTLE.	R.H.B. Miss K. YATES. Miss B. A. BAILEY.
6 CENTRAL.	Warwick Hospital.	Friday, p.m. (2nd and 4th in month).	Mr. E. J. GALLAGHER.	Miss K. YATES. Miss B. A. BAILEY.
7 SOUTHERN.	The Hospital, Stratford-upon- Avon.	Friday, a.m. (2nd and 4th in month).	Mr. F. G. ALLAN.	Sisters from Warwickshire Orthopaedic Hospital.
BIRMINGHAM.	Royal Orthopaedic Hospital, 80, Broad Street, Birmingham.	Daily.	Various.	R.H.B.
COVENTRY.	55, Holyhead Road, Coventry.	Monday, p.m. Thursday, p.m.	Mr. A. J. WATSON. Mr. J. H. PENROSE. Mr. LAWRIE.	R.H.B.
REDDITCH.	Smallwood Hospital, Redditch.	Monday, p.m. (2nd in month).	Mr. F. G. ALLAN.	R.H.B.

All surgeons are employed by the Regional Hospital Board.

In addition to the above clinics there are a number of Local Authority exercise and after-care Clinics.

# SPEECH THERAPY.

## CLINICS.

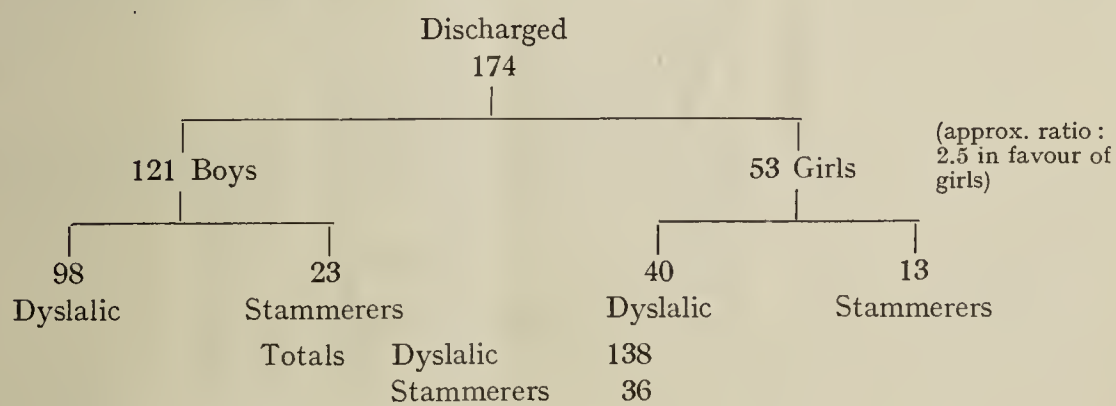
<i>Area.</i>	<i>Clinic.</i>	<i>Address.</i>	<i>When held.</i>
1. Sutton Coldfield	Boldmere Sutton Coldfield	Health Clinic, 49, Holland Street	Tuesday 9-30 a.m.—12 noon. Wednesday 9-30 a.m.—12 noon. 1-30 p.m.—4-30 p.m.
2. North Eastern	Atherstone. Bedworth. Nuneaton.  Exhall.	Health Clinic Health Clinic Riversley Park  Exhall Grange Special School	Monday 1-30 p.m.—4-30 p.m. Monday 9-30 a.m.—12-30 p.m. Wednesday 9 a.m.—12 noon. 1-40 p.m.—4-40 p.m. Tuesday 9-45 a.m.—12-45 p.m. 1-45 p.m.—4-45 p.m. Friday 1-45 p.m.—4-45 p.m.
3. Eastern	Rugby   Rugby	F.A.P., Temple Street   Tyntesfield Special School	Thursday 9-30 a.m.—12-30 p.m. 1-45 p.m.—4-45 p.m. Friday 9-30 a.m.—12 noon. Monday 1-30 p.m.—4 p.m.
4. North Western	Coleshill. Wilnecote	Health Clinic Various Schools	Tuesday 1-30 p.m.—4-30 p.m. Monday, 9-30 a.m.—12-30 p.m.
5. Solihull.	Olton  Shirley  Solihull  Packwood  Tudor Grange	Chapel Fields Infant School Health Clinic Halifax Road Health Clinic Drury Lane Special E.S.N. School Tudor Grange Special School	Wednesday 9-30 a.m.— 12-30 p.m. (alt. wks.) Thursday 9-30 a.m.—12-30 p.m. Friday 9-30 a.m.—12-30 p.m. 1-45 p.m.—5-15 p.m. Wednesday 1-30 p.m.— 4 p.m. (alt. wks.) Tuesday 1-30 p.m.—4 p.m. Wednesday 1-30 p.m.—4 p.m. Thursday 1-30 p.m.—4 p.m.
6. Central	Leamington   Kenilworth  Warwick	4, Holly Walk, Leamington Spa  Health Clinic  F.A.P. Warwick Westgate School	Monday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4-30 p.m. Wednesday 1-30 p.m.— 4-30 p.m. (alt. wks.) Wednesday 1-30 p.m.— 4-30 p.m. (alt. wks.) Tuesday, 1-30 p.m.—4-30 p.m. Thursday 1-30 p.m.— 4-30 p.m. (alt. wks.)
7. Southern.	Stratford-on- Avon.  Studley.  Henley-in- Arden.	Health Clinic  County Infants' School River House Special School	Thursday 9-30 a.m.—12-30 p.m. Friday 9-30 a.m.—12-30 p.m. 1-30 p.m.—4 p.m. Thursday 1-30 p.m.— 4-30 p.m. (alt. wks.) Thursday 2 p.m.—5 p.m.

**TABLE 7. NUMBER OF CHILDREN ATTENDING SPEECH THERAPY CLINICS.**

	AREAS							Special Schools.	1955 Totals.	1954 Totals.
	Sutton Coldfld.	North- Eastern	Eastern	North- Western	Solihull	Central	South- ern			
Number of clinics ...	2	3	1	3	3	3*	3	5	23	21
No. of sessions ...	103	157	70	138	133	219	149	234	1,203	739
Number of children attending at 1st January, 1955 ...	13	61	20	35	32	47	47	46	301	281
Number of first attendances in 1955	15	43	36	18	43	62	40	18	275	249
Number of children re-attending after being under review for long period ...	18	6	44	4	8	21	6	—	107	87
Total attendances ...	734	971	478	903	1,037	1,191	1,124	1,364	7,812	5,235
Number discharged in 1955 :—										
(a) Treatment completed ...	9	11	16	11	10	28	24	6	115	145
(b) Ceased attending	4	7	12	4	9	16	5	2	59	94
Number placed under review ...	16	40	51	15	31	32	33	7	225	100

\* In addition visits were made to 5 schools. They are included in these figures.

**STATISTICAL ANALYSIS OF CHILDREN TREATED IN THE YEAR ENDING 31st DECEMBER, 1955.**



Average no. of treatments required to cure :  
dyslalic 16                      stammerer 29

Average time taken to cure :  
dyslalic 4-12 months      stammerer 1-3 years

Intelligence scatter :

Above average	15%	} 62% above
Average	47%	
Dull	28%	} 38% below
E.S.N.	7%	
Ineducable	3%	



TABLE 8. WESTHILL CHILDREN'S RECUPERATIVE HOME.

<i>Type of Case.</i>	NUMBER OF ADMISSIONS.			LENGTH OF STAY.							<i>Still in at end of year.</i>
	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>	<i>Under 4 weeks.</i>	<i>Over 4 less than 8 weeks.</i>	<i>Over 8 less than 12 weeks.</i>	<i>Over 12 less than 16 weeks.</i>	<i>Over 16 less than 20 weeks.</i>	<i>Over 20 less than 24 weeks.</i>	<i>Over 24 less than 28 weeks.</i>	
Convalescent Cases ...	36	62	98	48	30	15	4	—	—	—	4
TOTAL ...	36	62	98	48	30	15	4	—	—	—	4

The number of children in the home at the end of the year was low because no new admissions were arranged near the Christmas holidays.

**TABLE 9.** **CHILD GUIDANCE.**  
**Number of New Cases referred to Clinics.**

Reason for Referral.	Males.	Females	Total.	I. Q.			
				Unclass.	Over 85	70 to 85	Under 70
Nervous disorders ... ..	28	17	45	27	13	5	—
Habit disorders and physical symptoms ... ..	45	12	57	41	11	3	2
Behaviour disorders ... ..	45	25	70	44	18	6	2
Education difficulties ... ..	18	15	33	12	3	8	10
Unclassified ... ..	2	2	4	3	—	1	—
TOTAL ... ..	138	71	209	127	45	23	14

*Nervous Disorders.*

- Fears and anxiety
- Solitary
- Excitability
- Obsessional
- Depression
- Physical and social misfit

*Habit disorders and physical symptoms.*

- Sleeplessness, nightmares, etc.
- Excretory disorders
- Speech defects
- Nervous pains, defective vision, asthma, etc.
- Movement, tic, thumb sucking
- Hysteria

*Behaviour Disorders.*

- Unmanageable
- Stealing, housebreaking
- Tempers, screaming
- Aggressive, destructive, etc.
- Sex difficulty
- Breach of Recognisance
- Jealousy
- Irritable, stubborn
- Assault
- Attention getting

*Educational and Vocational Difficulties.*

- Backwardness
- Reading difficulty
- Refusal to go to school
- Lack of concentration

The cases shown in the Table were distributed among the clinics as follows :  
Nuneaton, Riversley Park, 52 ; Coventry and Warwickshire Hospital, 2 ; Warneford Hospital, Leamington Spa, 39 ; Drury Lane, Solihull, 33 ; Hospital of St. Cross, Rugby, 41 ; Holland Street, Sutton Coldfield, 30 ; Other, 12.

**TABLE 10.** **SCHOOL DENTAL SERVICE.**  
**STAFF AND CLINICS.**

At February 17th, 1956 (excluding Principal School Dental Officer).

	Clinics.		Dental Officers.		Available sessions per week.
	Fixed.	Mobile.	Whole-time.	Part-time.	
Sutton Coldfield ... ..	2	—	—	3	13
North-Eastern ... ..	5	—	1	—	11
Eastern ... ..	2*	1	1	3	20
North-Western ... ..	—	1	1	—	11
Solihull ... ..	2	1	—	4	10
Central ... ..	2	1	2	—	22
Southern ... ..	1	1	1	1	13
TOTAL ... ..	14	5	6	11	100

\* In same building.

TABLE 11.

SCHOOL DENTAL SERVICE.

Area.	TOTAL SESSIONS.		ROUTINE CASES.				Emergency cases for which treatment was completed.	Total attendances made for treatment.
	Inspection.	Treatment.	Inspected.	Found to require treatment.	Referred for treatment.	Cases for which treatment completed.		
Sutton Coldfield	20	570	1,251	980	939	371	1,035	3,045
North Eastern ...	31	679	1,649	1,526	1,239	638	800	3,355
Eastern ... ..	15	784	1,390	1,213	988	639	906	4,965
North Western	26	396	1,231	981	772	643	32	1,822
Solihull ...	17	764	1,331	1,138	1,086	603	60	5,051
Central ... ..	50	812	3,260	2,283	1,944	1,561	949	4,737
Southern ...	37	485	3,728	2,221	1,854	989	239	2,811
COUNTY TOTAL 1955 ... ..	196	4,490	13,840	10,342	8,822	5,444	4,021	25,786
COUNTY TOTAL, 1954 ... ..	105	4,204	9,305	8,072	7,170	4,259	4,666	24,948

TABLE 12.

DENTAL TREATMENT GIVEN.

Type.	Routine cases.		Emergency cases.	
	Number.	No. per 100 cases for which treatment was completed.	Number.	No. per 100 cases for which treatment was completed.
<b>Permanent teeth.</b>				
Extractions ... ..	1,318	24	1,999	50
Fillings ... ..	7,935	146	4,862	121
Other operations ... ..	2,697	50	3,544	88
Total ... ..	11,950	220	10,405	259
<b>Temporary Teeth.</b>				
Extractions ... ..	4,733	87	5,532	138
Fillings ... ..	1,329	24	1,407	35
Other operations ... ..	2,744	50	2,048	51
Total ... ..	8,806	161	8,987	224
<b>Appliances.</b>				
Dentures ... ..	24	0.4	56	1.4
Orthodontics ... ..	50	0.9	79	2.0
<b>General Anaesthetics</b> ... ..	1,111	24	1,923	48



TABLE 13. NEW NOTIFICATIONS OF PULMONARY TUBERCULOSIS  
IN CHILDREN AGED 5—14.

	Number of new notifications, 1955.			Age.					No. of new notifications, 1954.
	M.	F.	Total.	5—6	7—8	9—10	11—12	13—14	
Sutton Coldfield	1	— (2)	1 (2)	2	—	—	1	—	2
North Eastern	5	4	9	1	2	2	3	1	12
Eastern ...	7	6	13	7	2	—	—	4	6
North Western	2 (1)	—	2 (1)	1	—	—	1	1	5
Solihull ...	1 (1)	—	1 (1)	1	1	—	—	—	—
Central ...	5	2 (2)	7 (2)	1	4	1	3	—	6
Southern ...	1	—	1	—	—	—	—	1	4
Total ...	22 (2)	12 (4)	34 (6)	13	9	3	8	7	35
( ) Transfers into County			Males	5	6	3	5	2	20
			Females	8	3	—	3	5	15

TABLE 14. NEW NOTIFICATIONS OF NON-PULMONARY TUBERCULOSIS  
IN CHILDREN AGED 5—14.

	Number of new notifications, 1955.			Age.					No. of new notifications, 1954.
	M.	F.	Total.	5—6	7—8	9—10	11—12	13—14	
Sutton Coldfield	—	—	—	—	—	—	—	—	1
North Eastern	2	1	3	3	—	—	—	—	5
Eastern ...	1	—	1	—	—	—	—	1	10
North Western	—	—	—	—	—	—	—	—	4
Solihull ...	—	1	1	—	—	—	—	1	1
Central ...	—	6	6	3	2	1	—	—	5
Southern ...	—	—	—	—	—	—	—	—	2
Total ...	3	8	11	6	2	1	—	2	28
			Males	2	—	—	—	1	15
			Females	4	2	1	—	1	13

TABLE 15.

HANDICAPPED PUPILS, 1955.

	Year of Ascertainment.				Total.		DISPOSAL.											
	During 1955				Total.		RECOMMENDED SPECIAL SCHOOL.								UNDER REVIEW.			
	Before 1955				Total.		IN SPECIAL SCHOOL, 31/12/55.				Parents refuse Consent.		On waiting list for particular school.		On general waiting list.		Recommended special class in ordinary school.	
							Warwickshire.		Non-Warwickshire.									
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
A. Blind ..	6	8	1	—	15	8	7	—	—	—	—	—	—	—	—	—	—	—
B. Partially Sighted ..	21	15	3	2	41	4	4	4	26	—	—	—	—	—	—	—	—	—
C. Deaf ..	23	24	1	2	50	23	23	6	46	1	—	—	—	—	—	—	—	—
D. Partially Deaf ..	27	11	2	—	40	18	18	—	24	1	—	—	—	—	—	—	—	—
E. Educationally Sub-Normal ..	358	233	64	38	693	14	68	76	249	19	8	44	65	40	59	7	39	3
F. Epileptic ..	8	8	5	3	24	4	4	—	10	—	1	—	—	—	1	5	4	—
G. Maladjusted ..	50	13	10	2	75	11(a)	4(a)	—	30	1	1	2	4	8	8	19	9	—
H. Physically Handicapped ..	112	88	18	13	231	8(b)	11(b)	16	67	2	3	—	—	6	6	63	53	6
J. Delicate ..	49	23	2	6	80	6	7(a)	—	13	1	3	—	2	2	2	38	17	1
TOTALS ..	654	423	106	66	1249	149	81	99	480	24	18	47	73	80	52	68	44	10

(a) Including boarding institutions. (b) Including hospital special schools.

16 children are under 5 in categories as follows —

- 1 blind, 2 partially sighted, 4 deaf, 1 partially deaf, 2 epileptic and 6 physically handicapped.

TABLE 16.

NUMBER OF HANDICAPPED PUPILS IN EACH AREA

at 31st December, 1955.

Area.	Sutton Coldfield.		North Eastern.		Eastern.		North Western.		Solihull.		Central.		Southern.		All Areas. 1955		All Areas 1954	All Areas 1953
	1955	Total	1955	Total	1955	Total	1955	Total	1955	Total	1955	Total	1955	Total	1955	Total	Total	Total
Number of school children (excluding nursery school children.	6,940	19,901	10,001	7,822	10,184	12,975	7,886	75,709	72,089	69,233								
CATEGORY.																		
Blind ...	1	2	3	2	—	3	—	2	—	2	—	1	—	2	1	15	18	15
Partially Sighted ...	—	2	12	9	—	3	1	3	—	3	—	4	2	8	5	41	38	42
Deaf ...	1	6	8	2	—	4	—	2	1	11	—	14	—	5	3	50	54	50
Partially Deaf ...	—	4	9	5	—	5	1	5	—	5	—	11	—	1	2	40	39	34
Educationally Sub-normal ...	1	21	205	113	10	98	15	15	5	39	22	159	8	58	102	693	655	579
Epileptic ...	1	2	5	1	—	5	4	4	1	8	1	3	—	—	8	24	18	17
Maladjusted ...	1	12	14	14	1	6	—	6	1	12	3	9	4	8	12	75	72	76
Physically Handicapped	2	12	72	22	—	29	5	5	2	36	5	49	1	11	31	231	215	209
Delicate ...	—	14	17	17	3	12	—	12	—	4	2	13	—	3	8	80	84	69
TOTAL	7	75	345	185	14	165	26	165	10	120	33	263	15	96	172	1249	1193	1091
Ineducable—Referred to Mental Health Officer (57 (3) only) ...	—	Be-fore.	Be-fore.	Be-fore.	4	Be-fore.	3	Be-fore.	2	Be-fore.	5	Be-fore.	10	Be-fore.	31	276	303	275



TABLE 17.

WARWICKSHIRE SPECIAL SCHOOLS.

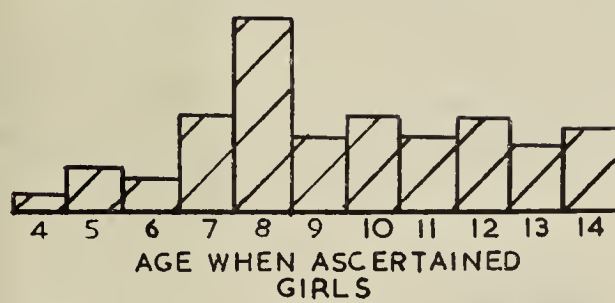
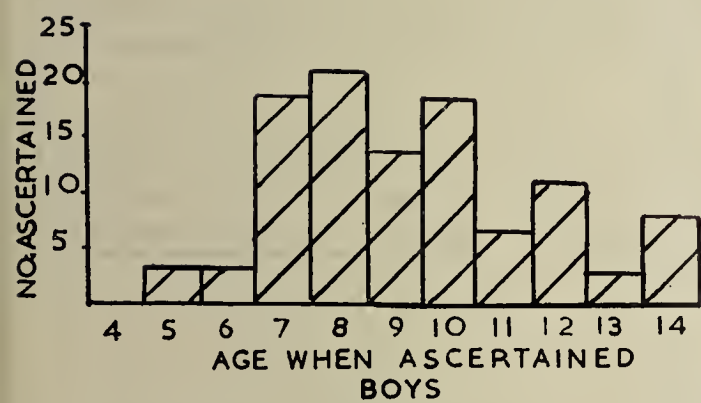
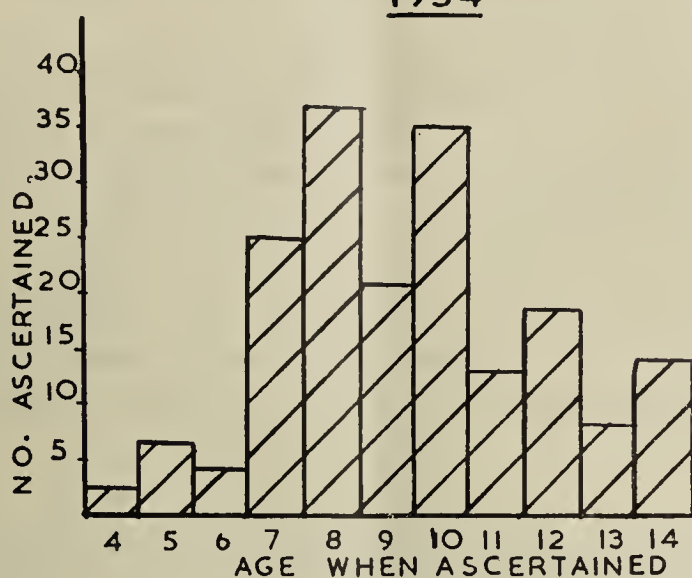
School.	Type.	Residential Accommodation.	Age Range.	On roll Christmas Term, 1955.		
				Warwickshire children.		Children from other Authorities.
				Day	Res.	Res.
Tudor Grange	Physically handicapped Mixed ...	40	5—11	10	18	21
Exhall Grange	(a) Physically Handicapped Mixed ...	300	(a) Seniors	—	21	39
	(b) Partially Sighted Mixed ...		(b) All ages	—	17	228
River House	Maladjusted Boys ...	45	8—16	—	18	28
Packwood	Educationally Subnormal Boys ...	60	10—16	—	55	5
Tyntesfield	Educationally Subnormal Girls Res. and Day ...	40	9—16	20	36	4
Warwick Priory	Educationally Subnormal Mixed Day ...	—	9—16	62	—	—
	TOTAL ...	485	—	92	165	325

TABLE 18. ANALYSIS OF PHYSICALLY HANDICAPPED CHILDREN RESIDENT IN TUDOR GRANGE AND EXHALL GRANGE SPECIAL SCHOOLS during the Christmas Term 1955. (1954 figures in brackets).

	Tudor Grange.			Exhall Grange.		
	M	F	Total.	M	F	Total.
Bronchiectatic conditions and asthma	2 (1)	— (—)	2 (1)	1 (1)	— (—)	1 (1)
Heart conditions ...	4 (3)	— (1)	4 (4)	2 (2)	1 (1)	3 (3)
Post Poliomyelitis ...	6 (4)	3 (5)	9 (9)	6 (8)	2 (—)	8 (8)
Progressive muscular dystrophy ...	— (—)	— (—)	— (—)	— (1)	— (—)	— (1)
Spastic and similar conditions ...	16 (15)	5 (7)	22 (16)	20 (23)	12 (6)	32 (29)
Tuberculous joints and bone infections	2 (3)	4 (4)	6 (7)	5 (4)	2 (3)	7 (7)
Other conditions ...	4 (3)	3 (3)	7 (6)	6 (4)	3 (2)	9 (6)
TOTALS ...	34 (29)	15 (20)	49 (49)	40 (43)	20 (12)	60 (55)

AGE DISTRIBUTION OF EDUCATIONALLY  
SUB NORMAL CHILDREN ASCERTAINED IN  
1954 AND 1955.

1954



1955

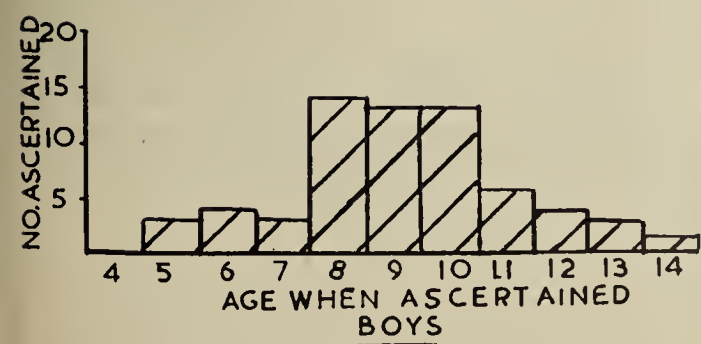


TABLE 19.

LOUSE INFESTATION.

DISTRIBUTION OF CHILDREN INFESTED WITH PEDICULUS CAPITIS.

BOYS.

Area.	Average % of boys infested at an examination 1955. (1954 figures in brackets).				Total.
	0%	Over 0% to 2%	Over 2% to 5%	Over 5%	
	No. of schools.	No. of schools.	No. of schools.	No. of schools.	No. of schools.
SUTTON COLDFIELD ... ..	14 (13)	3 (2)	— (—)	— (—)	17 (15)
NORTH EASTERN ... ..	19 (22)	37 (34)	15 (8)	1 (2)	72 (66)
EASTERN ... ..	40 (34)	6 (11)	3 (1)	— (1)	49 (47)
NORTH WESTERN ... ..	34 (32)	7 (7)	3 (1)	— (1)	44 (41)
SOLIHULL ... ..	25 (25)	6 (7)	— (1)	1 (—)	32 (33)
CENTRAL ... ..	57 (57)	15 (17)	4 (3)	— (1)	76 (78)
SOUTHERN ... ..	50 (49)	14 (12)	2 (3)	1 (2)	67 (66)
TOTAL ...	239 (232)	88 (90)	27 (17)	3 (7)	357 (346)
Average number of boys on school roll :					
Under 50 ... ..	127 (114)	11 (9)	16 (4)	3 (5)	157 (132)
50 to 100 ... ..	53 (52)	29 (22)	8 (8)	— (1)	90 (83)
Over 100 ... ..	59 (66)	48 (59)	3 (5)	— (1)	110 (131)

TABLE 20.

GIRLS.

Area.	Average % of girls infested at an examination 1955. (1954 figures in brackets).				Total.
	0%	Over 0% to 2%	Over 2% to 5%	Over 5%	
	No. of schools.	No. of schools.	No. of schools.	No. of schools.	No. of schools.
SUTTON COLDFIELD ... ..	7 (6)	8 (7)	1 (—)	— (1)	16 (14)
NORTH EASTERN ... ..	10 (10)	12 (16)	29 (20)	21 (20)	72 (66)
EASTERN ... ..	21 (16)	19 (22)	7 (6)	1 (1)	48 (45)
NORTH WESTERN ... ..	21 (17)	13 (14)	9 (9)	2 (2)	45 (42)
SOLIHULL ... ..	18 (17)	11 (13)	2 (2)	1 (1)	32 (33)
CENTRAL ... ..	38 (35)	18 (29)	12 (5)	8 (8)	76 (77)
SOUTHERN ... ..	40 (34)	15 (18)	9 (11)	3 (3)	67 (66)
TOTAL ...	155 (135)	96 (119)	69 (53)	36 (36)	356 (343)
Average number of girls on school roll :					
Under 50 ... ..	107 (96)	14 (20)	20 (13)	16 (10)	157 (139)
50 to 100 ... ..	28 (21)	29 (32)	24 (12)	9 (9)	90 (74)
Over 100 ... ..	20 (18)	53 (67)	25 (28)	11 (17)	109 (130)



**TREATMENT CENTRES FOR SCABIES AND PEDICULUS CAPITIS.**

The County treatment centres are as follows :—

<i>Centre.</i>	<i>Staff.</i>
Bedworth ... ..	Mrs. ILETT.
Rugby ... ..	Mrs. PLUMMER.

The demand for treatment is now small and these centres are only open on request.

**TABLE 21. SCABIES—NUMBER OF ATTENDANCES AT TREATMENT CENTRES.**

TREATMENT CENTRE.	FIRST ATTENDANCE.			<i>Subse- quent Attend- ances.</i>	<i>Total Treat- ments.</i>
	<i>Adults.</i>	<i>School Children.</i>	<i>Pre-school children.</i>		
BEDWORTH ... ..	—	—	—	—	—
RUGBY ... ..	—	—	—	—	—
TOTALS ... ..	—	—	—	—	—
Totals for 1954 ... ..	1	11	1	6	19
Totals for 1953 ... ..	4	3	3	9	19

**TABLE 22. PEDICULUS CAPITIS—NUMBER OF ATTENDANCES AT TREATMENT CENTRES.**

TREATMENT CENTRE.	FIRST ATTENDANCE.			<i>Subse- quent Attend- ances.</i>	<i>Total Treat- ments.</i>
	<i>Adults.</i>	<i>School Children.</i>	<i>Pre-school Children.</i>		
BEDWORTH ... ..	2	6	4	—	12
RUGBY ... ..	—	—	—	—	—
TOTALS ... ..	2	6	4	—	12
Totals for 1954 ... ..	2	14	3	—	19
Totals for 1953 ... ..	7	17	4	19	47

TABLE 23. NUMBER OF ATTENDANCES AT MINOR AILMENTS CLINICS.

Area.	Clinic.	When held.	Sessions.	Attendances.		
				First.	Subse- quent.	Total
2	Camphill ... ..	Closed ... ..	17	24	11	35
	Health Clinic, Atherstone ...	Wednesday, a.m. ... ..	49	98	146	244
	Health Clinic, Bedworth ...	Monday, a.m. } ... ..	105	200	138	338
		Thursday, a.m. }				
	Riversley Park Clinic, Nuneaton	Mondays to Fridays ...	247	1,432	2,415	3,847
	Health Clinic, Stockingford ...	Mondays to Fridays a.m. ..	239	1,396	1,768	3,164
	Nurses House, Polesworth ...	Thursday, a.m. ... ..	36	42	302	344
	Newlands School, Keresley ...	Friday, a.m. (alt. wks.) ...	23	88	27	115
	Nurses House, Hartshill ...	Monday to Friday, a.m. ...	248	163	293	456
	Nicholas Chamberlaine School, Bedworth ... ..	Thursday, a.m. ... ..	47	40	137	177
		Total ... ..	1,011	3,483	5,237	8,720
3	First Aid Post, Rugby ...	Monday, a.m. ... ..	43	47	240	287
4	Miners Welfare Hall, Arley ...	Tuesday, a.m. (monthly) ...	36	49	138	187
	Area Health Office, Coleshill...	Monday, a.m. (2nd in month)	10	43	10	53
	Parish Hall, Wilnecote ...	Thursday, a.m. ... ..	37	107	209	316
		Total ... ..	83	199	357	556
5	Halifax Road Clinic, Shirley ...	Wednesday, a.m. (3rd in month) ... ..	12	109	33	142
	Drury Lane Clinic, Solihull ...	Saturday, a.m. (1st and 3rd in month) ... ..	24	35	3	38
		Total ... ..	36	144	36	180
6	Health Clinic, Kenilworth ...	Tuesday, a.m. ... ..	18	2	—	2
	4, Holly Walk, Leamington Spa	Daily, a.m. ... ..	304	238	533	771
	First Aid Post, Warwick ...	Closed ... ..	6	7	—	7
	Child Welfare Centre, Southam	Tuesday, a.m. (1st in month)	11	3	—	3
		Total ... ..	339	250	533	783
7	Health Clinic, Stratford-on- Avon ... ..	Monday, a.m. ... ..	48	33	18	51
	Studley (Mobile Clinic) ...	Thursday, a.m. (1st in month)	11	11	1	12
		Total ... ..	59	44	19	63
		GRAND TOTALS ... ..	1,571	4,167	6,422	10,589
		GRAND TOTALS FOR 1954 ...	1,573	4,104	6,658	10,762

**TABLE 24. MINOR AILMENTS CLINICS.**

<i>Type of Defect.</i>	<i>First Attendances.</i>	<i>Subsequent Attendances.</i>	<i>Total 1955</i>	<i>Total 1954.</i>
<b>Skin.</b>				
Ringworm—Scalp ... ..	1	1	2	3
Body ... ..	5	17	22	13
Scabies ... ..	1	1	2	12
Impetigo ... ..	83	216	299	516
Other Skin Diseases ... ..	1,411	2,803	4,214	3,312
Total ... ..	1,501	3,038	4,539	3,856
<b>Eye.</b>				
Blepharitis ... ..	20	40	60	93
Conjunctivitis ... ..	91	100	191	214
Other Minor Eye Conditions ...	230	223	453	464
Total ... ..	341	363	704	771
<b>Ear.</b>				
Miscellaneous Minor Ear Conditions	129	207	336	455
<b>Nose and Throat.</b>				
Miscellaneous Minor Nose and Throat Conditions ... ..	235	150	385	513
<b>Other Minor Ailments</b> ... ..	1,863	2,518	4,381	5,167
<b>TOTAL</b> ... ..	4,069	6,276	10,345	10,762

**TABLE 25. CHILDREN AND YOUNG PERSONS ACT, 1933.**  
NO. OF CHILDREN EXAMINED UNDER EMPLOYMENT OF  
CHILDREN BYELAWS.

<i>Area.</i>	<i>Number of Children examined.</i>	<i>Number granted certificates.</i>	<i>Number refused certificates.</i>
Sutton Coldfield ... ..	139	138	1
North Eastern ... ..	228	227	1
Eastern ... ..	82	82	—
North Western ... ..	68	68	—
Solihull ... ..	77	77	—
Central ... ..	350	349	1
Southern ... ..	166	166	—
Total 1955 ... ..	1,110	1,107	3
Total 1954 ... ..	1,121	1,112	9
Total 1953 ... ..	1,022	1,015	7
Total 1952 ... ..	940	935	5
Total 1951 ... ..	786	782	4



## SCHOOL MEALS SERVICE.

### Information provided by the Education Department.

The average number of meals provided daily in the schools in 1955 was 34,347 Comparison with previous years is given below :—

<i>Year.</i>					<i>Average no. of meals provided daily in schools.</i>
1944	...	...	...	...	8,366
1945	...	...	...	...	15,680
1946	...	...	...	...	19,309
1947	...	...	...	...	22,943
1948	...	...	...	...	24,420
1949	...	...	...	...	25,235
1950	...	...	...	...	24,691
1951	...	...	...	...	26,832
1952	...	...	...	...	29,386
1953	...	...	...	...	28,138
1954	...	...	...	...	30,543
1955	...	...	...	...	34,347

The figure for 1955 represents approximately 48% of the children in attendance.

An average daily number of 60,583 children received milk in schools ; this represents 82% of the children in attendance.



